CAP-MR/DD Crisis Respite Care
Endorsement Check Sheet Instructions

Introduction

Prior to site and service endorsement, business verification must take place. During the process of business verification, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definitions, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships.

Provider Requirements

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

1. a-g Review identified documents for evidence that provider meets DMH/DD/SAS and DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity (refer to attachment titled Business Entity Type).

Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality **or** the office of the NC Secretary of State, that the information registered with the local municipality **or** the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State (refer to key documents section of attachment titled Business Entity Type).

- Review the documentation that demonstrates the provider has been accredited by a designated accreditation agency. Evidence of formal application to a DMH-DD-SAS accepted National Accreditation body (prior to Nov. 1, 2009) or Certificate of National Accreditation (by Nov. 1, 2009 or 1 yr post provider enrollment date)

- Has the provider attained National Accreditation? If so review the actual Accreditation Document.
- If not, what is the provider plan to attain National Accreditation? Review for evidence that the provider has selected an Accrediting agency or has evidence of official intent with an Accrediting agency.

2. Staffing Requirements

2.a-l In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they were hired. Staff providing the service of Crisis Respite Care must meet requirements for paraprofessional in 10A NCAC 27G .0100-.0200. In addition, the staff must meet client specific competencies as identified by the participant's person centered planning team and documented in the Person Centered Plan/Plan of Care. These requirements must be met as outlined in the CAP-MR/DD waiver approved by the Centers for Medicaid and Medicare.

Review personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met. Review the job description for paraprofessionals and review the program description and personnel manual to determine the role and responsibilities of such staff and the expectation regarding supervision. Review the following for each paraprofessional:

- Employment application,
- Resume, and
- Other documentation for evidence of at least a GED or high school diploma. Existing staff must have documentation of either High School diploma/GED or b) they will have 18 months to obtain their GED upon implementation of the waiver. All new staff (hired post implementation) must have proof of High School Diploma or GED upon hire at implementation of the waiver.
- Client Specific Competencies Trainings
- Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training

Each paraprofessional must have an individualized supervision plan that is carried out by a Qualified Professional. Review supervision plans to ensure that each paraprofessional is receiving supervision and review notes, schedule and other supporting documentation that demonstrate on-going supervision by the Qualified Professional specified in 10A NCAC 27G. 0204. In addition, the Person Centered Plan/Plan of Care must be reviewed to determine the client specific competencies to be addressed for the participant. Review of personnel files should include review of:

- Documentation verifying criminal record check
- Healthcare registry check
- Driving record must be checked if providing transportation and copy of driver's record.

- Have a valid North Carolina or other valid driver's license and copy if license.
- Have an acceptable level of automobile liability insurance (copy of insurance and registration)

Staff providing the Crisis Respite Care must have additional training to address the behavioral issues identified in the Person Centered Plan/Plan of Care and is **specifically trained to conduct behavioral intervention procedures**. Personnel files must be reviewed to determine that documentation reflects additional training specific to the behavioral intervention procedures. The reviewer should look for the following documentation:

- **Additional skill level**
- **Additional training so that a higher level of decision can be made**
- **Additional supervision**

3. Service Type/Setting

3.a-d Crisis Respite Care provides periodic relief to the family or primary caregiver and is provided in a variety of settings; licensed respite facility, other community care residential facility or approved by the state that is not a private residence including : Alternative Family Living (AFL) arrangement or licensed crisis respite providers home.

Crisis Respite Care is for participants receiving waiver funding who have intense behavioral needs and can be provided in the same locations listed above.

4. **Program/Clinical Requirements**

The elements in this section pertain to the provider's having an understanding of the service of Respite Care:

4.a-b Review program description which should reflect that services were provided for the relief of the family or primary caregiver. Program description should reflect that the service supports only those who are considered to be the primary caregiver, i.e. a person must be principally responsible for the care and supervision of the participant, and must maintain their primary residence at the same address as the covered participant.

Review the participant's Person Centered Plan/ Plan of Care to insure that the plan reflects the service and an outcome is included related to Crisis Respite Care. Review service notes to verify that the programming is consistent with individual needs (as indicated in the Person Centered Plan/Plan of Care). If Crisis Respite is provided the program description should reflect how additional training is provided to staff. The Person Centered Plan/Plan of Care and personnel files should reflect additional training requirements and documentation to validate the need. The NC-SNAP should be reviewed since the specific behavioral needs of the participant are identified within the NC-SNAP.

5. **Service Limitations:**

5.a-i Review program description as well as billing records to verify that billing of Crisis Respite Care **does not** include medical transportation.
Review program description, policies and procedures, and Person Centered Plan/Plan of Care as well as service notes to verify that Crisis Respite Care is not provided when the

participant is home for the purpose of a family visit. Copies of any appropriate licenses must also be reviewed.

Review program description, policies and procedures, Person Centered Plan/Plan of Care and service notes to insure that the following limitations are adhered to:

- Participants who neither live in licensed group homes or adult care homes nor receive Crisis Respite Care
- Crisis Respite Care is not provided to a participant when the participant is home for the purpose of a family visit
- The service is not used as a daily service
- Is not provided for participants who are living alone or with a roommate
- Staff sleep time is not reimbursable
- Respite is only provided to the waiver recipient and not other family members such as siblings of the participant may not receive care or supervision from the provider while Crisis Respite care is being provided/billed for the participant;
- Respite is not provided by any person who resides in the participant's primary place of residence
- The cost of Respite during a 24 hour period does not exceed the per diem rate for the average community ICF-MR
- Crisis Respite is not provided as the same time as the person receives regular Medicaid Personal Care Service, a Home Health Aide visits or another substantially equivalent service

This service may not be provided at the same time of day that a participant receives: Personal Care, Adult Day Health, Day Supports, Home and Community Supports, Specialized Consultative Therapy, Supported Employment, Residential Supports, or Transportation OR one of the regular Medicaid services that works directly with the participant, such as Personal Care Services, Home Health Services, MH/DD/SAS Community Services, or individual therapies.

Review the participant's Person Centered Plan/ Plan of Care to verify that they are consistent with the above and to insure that outcomes related communities living are included. Review service notes to verify that the programming is consistent with the above as well as individual needs (as indicated in the Person Centered Plan/Plan of Care).

Documentation Requirements

6. a-b Respite Services are documented on a grid. The grid shall include, but is not limited to, the following:

- full date the service provided (month/day/year);
- duration of service for periodic and day/night services;
- purpose of the contact as it relates to a goal in the service plan;
- description of the intervention/activity;
- assessment of participant's progress toward goals;
- for professionals, signature and credentials, degree, or licensure of the clinician who provided the service;

- and, for paraprofessionals, signature and position of the individual who provided the service

A grid which reflects the elements noted above shall be documented at least daily per service by the individual who provided the service.
Review the provider's Policy and Procedure Manual to verify that documentation requirements are consistent with requirements noted above. Refer to the Records Management and Documentation Manual for grids to verify that documentation is consistent with requirements. Review the provider's Policy and Procedure Manual to verify that documentation requirements are consistent with requirements noted above. Review service notes to verify that documentation is consistent with requirements.